

**DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Direct Deposit Info: New \_\_\_\_\_\_\_\_\_ Change\_\_\_\_\_\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_**

**Account Type: Checking \_\_\_\_\_\_\_\_\_\_ Savings \_\_\_\_\_\_\_\_\_**

**Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Indicate One -- Full Net: \_\_\_\_\_\_Partial Net Amount: $\_\_\_\_\_\_\_\_ Remaining Net: ­\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit one of the following with this form for each account type provided above:**

Voided Check/Deposit Slip Attached\_\_\_\_Check Photostat Attached\_\_\_\_\_Bank Specification Attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please fill out and submit a new form for each direct deposit account requests

***Please read and sign before completing and submitting****:* I hereby authorize Employer to provide direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, to my account(s) at the financial institution(s) (hereinafter “Bank”) indicated on this form. If at any time the amount of salary or wages so deposited by Employer exceeds the amount of salary or wages actually due and payable to me, I hereby authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit. If any action taken by me results in nonacceptance of a direct deposit by my Bank, I understand that Employer assumes no responsibility for processing supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to Employer by Bank. This authorization is to remain in full force and effect until Employer receives written notice from me of its termination in such time and in such manner, as to afford the Employer reasonable opportunity to act on it.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_